Shaila DESOUZA, *Lusotopie 2000 :* 455-468

Health Practices and People's Identity
Re-Locating Identity*

Goa, currently a small state in western India, was a Portuguese colony for over four centuries till 1961. This paper intends to look at the transformation of the Goan tribal identity through the evolution of its medical practices. Briefly stating the argument, modern « hospital-based » medicinal practice was introduced in Goa by the Portuguese, and records of a hospital exist from as far back as in 1511. The indigenous medical practices of the Hindu and tribal communities, however, predate the arrival of modern medicine in Goa. They continued to be active over the four centuries of colonial rule despite a royal order against these practices from 1563 and similar bans from other political and religious institutions, as they continue to exist till today even among those of the Christian faith. The paper is based on field work among a Gauda tribal community and would attempt to look at this community's identity through the practices associated with pregnancy and childbirth between generations which pre-date and post-date the colonial rule.

Working from the assumption that the traditional and ritual domain forms one of the most important boundaries of a community's identity (Weber 1963, Morris 1987), this paper attempts to look at the identity through the continuity and change in the practices related to pregnancy and childbirth. The study on which the paper has been based began with the aim to look at women's health, but it's scope was widened to include other aspects of community life as the two were seen to be interrelated. Illness and health practices were found to be interwoven with the religious, social and cultural. The human body *(*referred to as *kudd,* literally meaning home), the dwelling place of both good and bad, was expected to be treated with reverence and it's harmony could be disrupted by both internal as well as external conflicts and influences, such as unpleasant events in the community, pollution of the body by water, food, evil eye (*desht)* and illnesses inherited from spirits in the air *(varechi doents)* which are seen to invade the body as a whole, not just affecting its parts. There was also an interdependence between the individual and the community, and a health

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problem was therefore not just the individual's concern but that of the whole community. For example, a woman who has just given birth to a child *(baanti),* and for the six month period following childbirth *(*known as *baanpan),* was both vulnerable as well as powerful because should any harm come to her, the whole community would have to face the ill consequences. In the case of her death, it is believed that she (called an *alvantine,* or bad omen) would haunt the village and therefore be feared by other expectant mothers. Therefore during pregnancy and *baanpan,* the woman is compelled to conform to the rules and taboos regarding food and movement not only for the sake of her baby but for the whole community. Then, for an eleven day period after the birth of an infant *(bhast),* no religious function or ceremony will be held in the neighbourhood as it is considered to be inauspicious, although the arrival of a baby itself is considered a joyous occasion. This perception, understanding and interpretation of « health » and « illness » in the community was very different from the symptomatic approach taken by modern medicine.

The Historical Backdrop

There was a flourishing system of indigenous medicine in and around Goa prior to the Portuguese colonisation in 1510 and these services were availed of even by the Portuguese aristocracy (Ball, 1676, Burnell, 1885[1]). A hospital of western medicine, the Royal Hospital was set up by the Portuguese in Goa, as early as 1511 (Correira 1941, Figueiredo 1960) which however was meant to provide services chiefly to the Portuguese. As conversion to Christianity was prime on the agenda of the colonisers (Boxer 1963, 1969), the continuation of so called « pagan » practices was viewed as an obstruction to their mission. During the Inquisition which began in 1560, civil authorities as well as the church imposed restrictions, curbed the mobility and inflicted severe punishments on traditional health practitioners. Royal Orders, such as that of 1563 (Rivara 1865 : 543-545), prohibited traditional medical practitioners from practising indigenous medicine, but due to the absence of alternatives available to the local people as earlier, the western health care system was not really made accessible to them, it was difficult to implement such orders. There are accounts of traditional healers who were persecuted and fined even for successfully curing Christians, as well as Christians who were punished for consulting such healers (Gracias 1994). The Church Provincial Council of 1567 (Rivara 1862 : 25) prohibited Christian women from seeking the help of traditional birth attendants as they were suspected of using rituals which required among other things, offerings to the so called « pagan » deities and

1. « There are in Goa many Heathen phisitions which observe their grauities with hats carried over them for the sunne, like the Portingales, which no other heathens doe, but [onely] Ambassadors, or some rich Marchants. These Heathen phisitions, doe not onely cure there owne nations [and countriemen], but the Portingales also, for the Viceroy himselfe, the Archibishop, and all the Monkes and Friers doe put more trust in them, then in their own countriemen, whereby they get great [store of] money, and are much honoured and esteemed. The countrimen [in the villages round] about Goa, and such as [labour and] till the land, are most Christians : but there is not much difference [among them] from the other heathens, for that they can hardly leave their heathenish superstitions, which in part are permitted them, and is done to drawe the other heathens [to be christened], as also that otherwise they would hardly be persuaded to continue in the Christian faith ».

it was feared that this practice might lead to re-conversion. A subsequent notification in 1574, even curbed the mobility of these practitioners[2] and the Municipal Council in 1618 attempted to regulate the practice of indigenous medicine by stipulating the requirement of a license for practice[3]. Interestingly however the Municipal Council later granted licenses to thirty non Christian practitioners with the added condition that they do not force Christian patients to make offerings to « pagan » deities[4]. But it was difficult to stop traditional practices in spite of conversion to a new faith as the inevitable was a resemblance or « variation » of their old faith (Nandy 1983). Tavernier, who visited Goa between 1641 and 1648, wrote that « Indians of the country about Goa are idolaters, and do homage to many kinds of idols », and he goes on to describe instances where the idols were not only confiscated but thrown into the sea and that they would have been burned but did not since « the idolaters would have then been able to collect the ashes, which would have served as material for some new superstition » (Ball 1676 : 157). Interestingly, in the mid 1700s, even traditional childbirth ceremonies including the celebration of « Sotti » which is the ritual on the 6th night after the birth of a child, as well as the use of symbols and ritual items such as betel leaves *(paan)*, areca nut *(veedo)*, turmeric *(haldi)*, certain flowers etc. which were considered « pagan » were prohibited (Estevão 1857, Saldanha 1948, Priolkar 1961 & Boxer 1969). The Inquisition which began in 1560 ended however by 1812. However, assimilation remained an « ideal ». According to Ifeka, « it [assimilation] was doomed to failure » and « …cleavages within the Indian population also ensured that assimilation would remain a chimera – perhaps the chimera of Indo-Portuguese world » (Ifeka 1985 : 86).

The Portuguese had set up several hospitals of western medicine, institutes for those with infections diseases and mental illness in an around urban areas in Goa, some of which were also meant to cater to the needs of the local population (Gracias 1994) and in 1842 the first school of medicine in Asia was set up in Goa, Escola Medico-Cirurgica de Goa (now known as the Goa Medical College). The earlier doctors were of European origin, but later Christian Goans trained in western medicine practised in the college hospital (*ibid. :* 1994). Notably, right up to the 1930s there were no maternity clinics in Goa and therefore most deliveries, especially among the low sections of the society, took place at home. Specialised departments at the Goa Medical College were established only as late as 1946 around the time when it was felt that only the superior knowledge and skill of European medicine could effectively bring under control the « fatal and incapacitating diseases » that gripped Asia, Africa and the Americas, since this view held European medical intervention as a representation of progress towards a more « civilized » social and environmental order (Arnold 1989).

By 1961, when Goa was liberated, there were eighteen hospitals in Goa which today totals over a hundred[5]. In 1962, the Directorate of Health Services established, all over Goa, several primary health centres and other rural health dispensaries which provided for maternal, child health and family welfare services based on the western pattern of medicine. The rural

2. Goa Archives 1 and 2.
3. Goa Archives 3.
4. Goa Archives 3 and 4.
5. *Source :* Directorate of Health Services, Goa.

health centres employed field and other staff from around the rural areas which might have made the health services less intimidating and alien to the people from the less privileged sections of society. It was around this time, as we will see later in the paper, that even the tribal communities began availing of these services during pregnancy and childbirth.

The Community Studied

The Gauda community were earlier a tribal community as social, cultural and religious indicators will prove, although the Government of Goa does not consider the community as such[6]. Today they are demanding « tribal » status to claim discriminatory privileges from the State.

The following account is based on several months of field work in a small village in North Goa where the Gauda community are its chief inhabitants with a total population of approximately 300 people in 30 households. They were in earlier times a nomadic tribe involved primarily in cultivating chiefly rice, a cereal *(nachne),* chillies and other vegetables in areas surrounding their settlements or engaged as landless labourers in interior parts of Goa. After conversion to Christianity, several families moved to the coastal areas and were involved in construction activity, road laying and in more recent times, fishing. Today's generation of course is seeking education and involvement in service (semi-skilled and skilled) with the government, private organisations and as domestic labour in households.

Most of the conversion of this community to Christianity took place in the 1620s (Malhotra 1978) as they aspired for a better economic status as well as liberation from persecution and forced exile (Xavier 1993). The Portuguese used economic incentives to encourage conversion during their colonisation of Goa and did little by way of ridding the indigenous society of the prevalent caste system, and in fact « used » the caste system to encourage Brahmin or higher castes to convert by reserving certain jobs and offices for them (Ifeka 1985, Robinson 1997, 1998). The Gauda community held a rather low status in society and like most tribal communities, continued even after conversion to hold this low status as most of the benefits of conversion such as employment at senior government levels as well as monetary benefits were enjoyed chiefly by Goan converts of the Brahmin and Kashtriya castes (Ifeka 1985). Even today most families of the Gauda community continue to remain at the lower economic strata of society. It was as recent as 1928 when sections of the Gauda community was « re-converted » to Hinduism through the encouragement from the Shuddhi Movement (Kakodkar 1988) and are now referred to as Nav-Hindu Gaudas or New Hindus. Although there is often the mention of « re-conversion » to Hinduism, the Gauda community must have had their own tribal religion prior to conversion to Christianity, as there are beliefs,

6. « The women go with a cloth bound about their middles beneath their navels, [and hanging] down to the middle of their thighes, and the other end [thereof] they cast over their shoulders, whereby halfe their breasts are covered ». And other accounts of the community in the travelogue of Linschoten (BURNELL 1885 : 261). According to the Chairman, Advocate Guru Shirodkar of the Goa State Commission for Backward Classes, they have been demanding Tribal status for this community but have yet to get the Central Governments sanction.

practices and methods of worship of gods that suggest a faith in a distinct religion, though not wholly dissimilar to that of the Hindu. Even today they believe in spirits *(devchar)* that inhabit certain trees, water sources, etc. and, as we will see later in the paper, belief in the goddess Sati, who is not part of the Hindu pantheon. They had no other images of the gods apart from nature. This conversion is probably due to the cultural permeation of the Indian State. « The emergence to dominance of new religions and new systems of philosophy is (also) not unrelated to the process of struggle between dominant and subordinate groups » (Chatterjee 1989 : 171). Interestingly, several families continue to go by their previous Christian names, demonstrating probable conversion due to a strategy of survival rather than self assertion.

Limitations of the Methodology

During the field study, information was collected by way of interviews and conversations with women across different generations about their experiences in the past through life's various stages, the illness they suffered, cures and treatment received, the taboos and food practices, as well as other rituals. For this paper respondents were divided into two categories, the older women whose narratives have been used to refer to the recent past of approximately thirty-five to forty years, which roughly coincides with the period prior to Goa's liberation and the younger generation including both married and unmarried women whose narratives have been used to discuss the present situation or post-liberation[7]. Stories were narrated from what they could retrieve from selective memories of the past and those of the present, sometimes accompanied by an interpretation to enable the researcher's understanding of their lifestyle. On several occasions however, explanations were not possible. Stories narrated about an individual's life were also stories about the community – this interdependence has already been discussed earlier in the paper. The responses and sketches of the past and present from « verbal testimony » were then transcribed into field notes, worked on together with our own reflections and observations into a narrative format, a textual « reality » which has been used for this paper. Thus, « even though the informants speak, their authenticity is warranted by the ethnographer's incorporation of them into the definitive record » (Atkinson 1990 : 61) and like the historian, the ethnographer cannot reproduce all the « evidence » and detail available resulting in « an element of bricolage » *(ibid. :* 49*)*.

Having stated the limitations of the study I will continue to piece together a collage of the identity of a community that has three religious identities : tribal, Christian and Nav-Hindu. Our observation was that the changes to the health practices however have been more dramatic post liberation than they were pre liberation. This will be illustrated with a few examples from the field.

7. Ages of respondents were not known to the respondents themselves, thus the broad categories. However, the older women were the women who had delivered their children at home and the younger women are those who have availed of hospital services for their deliveries.

Ambiguity Concerning « Kaido » or Custom

Different cultures may have varied and unique perceptions of disease (Good 1994, Lynch 1969) which are invariably handed down through generations, forming part of what gets to be termed as « tradition ». It is often the repeated occurrence of a phenomenon that results in ritualisation, and popular belief holds a view that anything that has earned the name « tradition » has stood the test of time and ought to have some merit to account for its continued existence. This rationale often also explains the continuation of traditional practices although variations or modifications are inevitable through time as they get transformed with each generation to suit that age. According to Hobsbawn (1983), often « traditions » and « customs » that claim to be ancient are in fact of rather recent origin, « invented » to imply continuity with the past and more particularly a « suitable historic past ». Seneviratne (1997) also talks of the intermingling of « facts » about the past with myths and fantasy to create new customs, traditions and rituals and how the past gets continually fashioned by events, perceptions and interests of the present, The word « tradition » therefore, would include what *was* and *is* resulting in a certain ambiguity which could explain that surrounding this issue that we experienced in the field. This traditional and ritual domain however forms one of the most important boundaries of a community's identity.

The term, *amchi kaido*, « our custom or tradition », was often mentioned when talking about the restrictions on food and movement during pregnancy and childbirth. It was not clear as to whether the term was being used to refer to what existed in the past, or what ought to be but did not necessarily exist, and finally the actual practice in the community today. The older women lamented about the fact that the traditions of the past were not being followed today but the younger generation also made references to *kaido.*

In the past, women were married at the age of 12 or 13, before they attained puberty as it was seen negatively if a young girl attained puberty before she was married and it would affect her chances of finding a suitable partner. To celebrate the bride's coming of age *(zante zaub)* after marriage, a ceremony *(sangop, foresaban* or *garbadan)* would be held at the husband's house which would include a puja *(home)* and the abstinence from fish demonstrating the sanctity of the occasion. Menstruation, considered a period of impurity went with several restrictions especially regarding movement. It was a time when the woman was forbidden from entering any place of worship, religious site and festival, water source like the well or springs, even the kitchen was a forbidden area. She was not allowed to light a lamp, and often was given separate food to eat, as well as had a special place for her bath and toilet.

Today however girls get married only when they are in their twenties and one of the reasons attributed to this was that they are now studying or engaged in employment. According to the older women, girls now come of age earlier than they did in the past because of a changed diet resulting from less strict adherence to food restrictions, comparative freedom of movement and changed dressing habits. Although most of the girls today have already attained puberty before their marriage, a symbolic *garbadan* is celebrated the day after the wedding.

The woman's importance in the village is determined by her marital status, and her role as mother is given a position of greater distinction. If a woman is childless (*vazre, vanz*, meaning void, hollow or empty*)*, she is considered inauspicious especially at weddings and after birth ceremonies, and is not allowed to speak at discussions in the village. Pregnancy is not seen as a time when the body is impure as in the case of menstruation or *baanpan*. However it is believed to be a time when the woman and child are vulnerable to evil eye and spirits and therefore are forbidden from attending weddings, going to places inhabited by the goddess Sati, and from being present at the celebration of *Sotti* on the sixth day after a child is born. In fact four pepper corns are tied into the saree of a pregnant woman on the first day of the birth of a child in the village and, on the sixth day, the four pepper corns are thrown away and replaced by six fresh ones. This is to ward off evil. Food restrictions during pregnancy are aplenty, forbidding the consumption of even certain vegetables and other foods that are believed to cause harm to the mother and child (pineapple, beans – *arsane and chowle* –, drumsticks – *muskachio sango* –, papaya, red pumpkin, melon, a preparation – *pinagre* – of coconut and molasses sugar – *jagri* –, aerated drinks particular the « colas », to name just a few). However should the woman have any cravings, she is permitted a small portion of that food as it is believed to be what the baby requires. The restrictions surrounding pregnancy are more strictly adhered to, even today, than those at any other stage in a woman's life.

A woman who has just given birth (a *baanti*), as already mentioned earlier, was seen as being impure, and vulnerable at the same time. She was not allowed to go out of the house for seven days after the delivery as it was also believed that the uterus now empty *(khali)* needed to dry up (*pot sukhopak zai)* and was vulnerable to spirits in the air. Therefore the *baanti's* stomach was tightly bound and she was given very little food to eat for seven days – a diet of boiled rice along with the water (*kanji/paes)* was given to her for the first three or four days after delivery. Later this was replaced with bread and tea. From the fourth to seventh day she was given a curry *(aksal)* of roasted coconut, onion, and a few mild spices twice a day. On the seventh day she was given *aksal* with fish in it but only small fish, no prawns or chicken since it was believed that the new born infant being breast fed, could get a rash in its mouth. After seven days she did not have to eat food cooked separately *(rashi-chi jewon).*

Due to the present change from home to hospital deliveries, it is difficult for the food and movement restrictions to persist. Often the diet is supervised by hospital staff that forbid such abstinence. What has caused this recent quasi cultural disintegration ? Is there not a certain post-liberation relaxation of cultural identity guards ? While there is considerable transformation to some practices due to the changed lifestyle and the recent use of hospital services those practices that can be followed in the privacy of the home are adhered to, for example the *baanti* even today is not allowed to wear flowers in her hair for three months after delivery as it might anger the goddess Sati.

Despite this ambiguity about *kaido* in the community, no one in the community completely disregarded the traditional practices and taboos regarding food and movement. The younger generation however have

accepted changes due to a transformed lifestyle, their present occupations and the easy access to hospital services. Our observation was that often the practice of the present day was at variance with what was narrated as *kaido* or past tradition but the changing significance of traditional beliefs, though a cause for some tension among the older generation, was at a certain level accepted. « A plurality of ideologies can always be accommodated within a single lifestyle » (Nandy 1983 : 82).

The Persisting Belief in Goddess Sati and Changes in Practices

Sati, who is both a benevolent and malevolent force, is integral to the communities understanding of disease and problems related to menstruation, pregnancy and childbirth. Matters regarding the belief in Sati were not really discussed openly as it may have been considered inauspicious and there were no physical images to depict her. As mentioned earlier, this goddess does not belong to the Hindu pantheon but is probably a goddess from the past tribal faith. Belief in Sati even today provides an alternative, religious explanation for the incidence of maternal and infant mortality, and prescribes ritual observances that often run counter to western medicine. Sati had certain places in the village that she haunted and these places were either to be avoided, revered with fear, or visited only during certain occasions for example to throw the clothes of the dead, or the after-birth and clothes of the new born.

> « In the seventh month of her pregnancy, a woman had strayed into the restricted burial area to pick firewood. Further, although it was not the season, she noticed a red cashew fruit, could not resist the temptation and ate it. She gave birth subsequently to a baby girl who cried incessantly and no *gaddi* or doctor was able to cure her. A month later the infant died ». (popular story)

The goddess Sati was regarded both as the overseer or protector of women and children, as well as the one who could inflict harm that was even fatal to the woman and her baby if the goddess was displeased. Sati could be angered for example if a pregnant woman ate at a wedding reception.

> « A woman during her pregnancy had slept outside the house at night as it was too hot indoors and then conceived later a child that would cry incessantly. To her good fortune she said, the *gaddi* was able to cure her infant ». (popular story)

It is believed that Sati visits the home of the new born and writes the fate of the child on the sixth day after birth, therefore there is a grand celebration *(Sotti)* held on this night especially for the first child in the family. A lamp is lit and a tray *(tali)* of rice, coconut, turmeric *(haldi)*, vermilion *(pinzar)* and other items from the *baanti's* mother's house are offered to the lamp. The night meal is also cooked with ingredients from the mother's home. The child that night is never put down and is always held in someone's arms. Women from the community, apart from pregnant women and those with very small babies, attend with some home made sweets. (This practice has been replaced today by bought biscuits). The women do a lively group dance *(phugdi)* and play loud instruments to ward

off evil. At dawn, boiled gram *(channa)* is distributed after which everyone has to leave. The day after this ceremony, all leftover food is thrown out and the house is swept clean. The role of the traditional birth attendant *(vaigen)*, who was always a Catholic from the neighbouring village[8], was very important on this occasion.

Today however, since there are no *vaigens*, the celebration is attended by a Catholic woman who is especially invited for the occasion. This however is getting difficult to organise as it's not easy to get someone who'll play the role. Today this ceremony has several variations. Due to the fact that deliveries now take place in hospitals that often require the mother and baby to continue to remain in hospital beyond the sixth day, this ceremony is held on another date in the month.

The Traditional Birth Attendant *(Vaigen)*

In the past, apart from a few exceptional cases, the expectant women did not go to their mother's homes for their confinements, as is the case with other communities in Goa. Right up until four decades ago, all births took place at home and were assisted by a woman attendant *(vaigen)*, the only one permitted to cut the umbilical cord who was not a formally trained birth attendant but to whom the skill was handed down from elders in her family and made perfect with experience. The *vaigen* then buried the cord outside the house and the place was covered with three palm leaves. This place had to be kept clean or else it could harm the new infant. Her job after delivery was to assist the *baanti* and baby, for eleven days including with the ceremonial baths on the seventh and eleventh day after birth. On the seventh day the *vaigen* would throw coconut palm leaves as well as the dried cord / navel at the place allocated for Sati. On the eleventh, the ceremonial bath was followed by a ritual held around the well to purify the *baanti* and permit her to draw water, which she had been forbidden to since childbirth. The *baanti* carries a tray (*tali)* of rice, a cereal *(nachne)*, turmeric *(haldi)*, vermilion *(pinzar)*, betel leaves and areca nut *(pan* and *veedo)*. She throws *pan* and *veedo* into the well along with a few drops of oil and applies *haldi*, *pinzar*, cow dung and soot and a paste made of a lentil *(urid dhal)* on the wall of the well in five different coloured stripes. She draws water from the well and pours water five times on a coconut tree and each time has to look up at the tree. Then she draws another pot and walks straight to her home with it signifying her state made pure once again. The *vaigen* was later given rice and coconuts and a token amount for her services but it was believed to be inauspicious to deprive the *vaigen* of anything she asked for.

According to the older women, deliveries in the past were assisted by three or four women from the village who would hold and support the mother through her delivery, but now, at the hospital women are alone and in spite of having medicines prescribed by trained doctors to relieve the pain and suffering, women seem to have more problems and complications at the hospital. There was a time during the lifetime of the older women when the village priest *(gaddi)* had to be consulted first for permission to go to the hospital. Today the *vaigen's* are non existent as their services have

8. Often *vaigens* from Nauchem, Taleigao or Santacruz (all neighbouring villages within a few kilometres from Kakra).

completely been replaced by the hospital, however the ceremony at the well on the eleventh day is still held in the absence of a *vaigen*.

Other Beliefs Persisting Contrary to Western Medicine

— Evil Eye *(Desht)*

A pregnant woman and her unborn, or even new born infant for that matter, are the most vulnerable to evil eye. It is believed to be the inherent trait in some persons, sometimes the cause of jealousy and sometimes not intentional. The effects of evil eye vary and could result in illness and suffering of different kinds, behaviour changes and even financial losses. It is also believed that certain persons *(destikars)* ranging from lay persons to Catholic priests have the power to get rid of this evil eye and it can be done with using prayers, dried red chillies, salt, burnt hair, onion skins, broom-sticks etc. Often *desht* is removed from a pregnant woman, child or *baanti* when they have been outdoors and when they receive compliments. Strangely the belief in evil eye is not only prevalent in this community but can be found amongst Catholics. For a new born baby, black markings on their faces, glass or plastic coloured beads and other amulets are meant to ward off *desht*.

— Lut

Lut was an illness which one could not find parallels to in modern medicine affecting chiefly women during menstruation, pregnancy and menopause. It was related to blood volume, the imbalance of which could even be fatal. During menopause or troublesome menstruation it was believed that the blood was sort of trapped within the body and needed to be « let out ». Apart from blood letting, a treatment of herbs *(lutiche)* was to be applied to the affected persons head, a decoction of the same root was to be drunk and the body rubbed with burnt herbs tied in a cloth. Even the younger women insisted that modern medicine had no remedy for the cure for *lut*.

— Karmin

Karmin was less serious, affected both men and women and could occur several times a year. At first we drew parallels to jaundice but later realised the fallacy in our attempt to force such similarities. There are seven kinds of *karmin* with varying symptoms such as diarrhoea, nausea and vomiting, loss of appetite, giddiness, yellow tone of skin, discoloration of nails, temporary loss of consciousness, etc. The exact causes were unknown but the treatment was the branding of the patient with a scalding metal rod on the forearm or with a heated coin under the foot for all kinds of *karmin*. No medicine was to be applied to hasten healing of the wound as it's slow healing aided the cure of *karmin*. The exact causes were unknown but the varying symptoms and the treatment was well defined. According to the older women, earlier *karmin* did not affect children but explained that now the incidence is not uncommon due to the fact that babies are taken out of the house even before one month and are polluted by the air *(vare)*.

The Hospital Today

The childbirth practices in the hospital were culturally remote from the lives of the Gauda community and still are at cultural variation, though a method of assimilation has begun. The existing health services do not incorporate any of these existing practices and beliefs of certain sections of the population, such as the people of the Gauda community, and there are little or no efforts made to make the modern health care less intrusive and more acceptable. Yet today all deliveries take place in the hospital, be it government or private. A question that remains unanswered is « why did the community not avail of hospital services before these thirty odd years ? » Is it the mere affordability, availability and accessibility of hospital services that has encouraged its use ?

Today, even several older women go to the hospital for their health concerns, and most often it is to private doctors despite the fact that they have to pay for services. Talking about indigenous medicine today *vis-à-vis* modern medicine, several women felt that most people now preferred the faster cure of modern medicine though several indigenous medicines continue to be used at the same time. They felt that for certain illnesses, there was no medicine available other than indigenous *(gaunti)* medicine. However, even with regard to doctors, it was believed that the doctor should have the healing touch *(hathagun)* for his remedy to be effective. The faith they put in the doctor is similar to their faith in the village priest *(gaddi)* and often the medicines prescribed too are treated like an offering given to heal them *(prasad)*. What then is this power that modern medicine asserts today that has instituted changes in the community's health care practices since traditional practices, webbed in a net work of spiritual and religious beliefs, do not encourage rationalising or reasoning, which is usually that which accounts for change ?

* * *

The position of western medicine during the struggle for independence was often ambiguous (Arnold 1989) as on one hand, some nationalists saw the revival of indigenous medicine as part of a rediscovery of cultural roots and therefore rejected western medicine and, on the other, the benefits of western medicine were supported by indigenous practitioners of western medicine who were influential members of the nationalist middle class. This ambiguity itself might be an indicator of the strength of the impact western medicine had on indigenous societies. It is often argued that colonialism is the cause for change in traditional practices resulting from domination and persecution, and likewise argued that colonialism is the cause for the persistence of traditions resulting from indigenous resistance and awakened consciousness of identity due to the perception of threat from this external « force » (Seneviratne 1997). However, this study has found more dramatic changes post liberation resulting from the increased use of hospital services, the improved educational status of the younger

generation, the recent economic independence and decreased reliance on family and community for economic support, a changed lifestyle and most importantly, a certain relaxation of identity guards.

Despite the colonial pressures against traditional health practices, three centuries of being Christian, the increased use of hospital services post-liberation, and the recent conversion to Hinduism, the Gauda community have clung to certain aspects of their tribal faith with a tenacity that is demonstrated by the continued existence of some rituals and practices though not without transformation yet defining a distinctive identity for the community. The community is held together by common memories and experiences, a shared history as well as a shared amnesia or collective forgetfulness of the persecution in their past :

> « It is a universalism which takes into account the colonial experience, including the immense suffering colonialism brought, and builds out of it a maturer, more contemporary, more self critical version of Indian traditions […].
> Probably the uniqueness of Indian culture lies not so much in a unique ideology as in the society's traditional ability to live with cultural ambiguities and to use them to build psychological and even metaphysical defences against cultural invasions. Probably, the culture itself demands that a certain permeability of boundaries be maintained in one's self-image and that the self be not defined too tightly or separated mechanically from the not-self. This is the other side of the strategy of survival… » (Nandy 1983 : 7 and 107).

There is a struggle for identity only when a community's freedom and rights are in jeopardy or there is some perceived threat to the community. The politics of identity however is often *used* by the ruling elite to perpetuate a conservative ethnocentrism and conflict.

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